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# TRANSMITTAL FORM

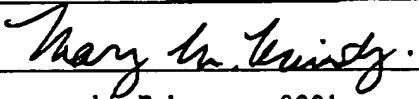
(to be used for all correspondence after initial filing)

		Application Number	09/786,64R
		Filing Date	03/07/2001
		First Named Inventor	Neil A. Williams
		Group Art Unit	1645
		Examiner Name	V. Ford
Total Number of Pages in This Submission	20	Attorney Docket Number	7438.US

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached (credit card)	<input checked="" type="checkbox"/> Drawing(s) (8 pgs)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply (8 pgs)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	RCE Transmittal postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

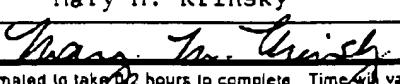
## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Mary M. Krinsky 79 Trumbull Street, New Haven, CT 06511-3708
Signature	
Date	14 February 2001
	26850

## CERTIFICATE OF MAILING

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2/14/2002

Typed or printed name	Mary M. Krinsky
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Date	Feb. 14, 2002

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PTO-SS-17-11-01  
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# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 881.00)

## Complete if Known

Application Number	09/786,648
Filing Date	03/07/2001
First Named Inventor	Neil A. Williams
Examiner Name	V. Ford
Group Art Unit	1645
Attorney Docket No	7438.US

## METHOD OF PAYMENT (check all that apply)

 Credit card    Money Order    Other    None Deposit Account

General Account
Customer Number:
Deeds' Name:
Account Name:

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below    Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below except for the filing fee  
 in the above-identified deposit account

## FEE CALCULATION

## 1 BASIC FILING FEE

Large Entity | Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101 700	201 370	Utility filing fee	
105 230	205 165	Design filing fee	
127 610	207 255	Plant filing fee	
109 40	208 370	Reissue filing fee	
114 120	214 80	Provisional filing fee	

SUBTOTAL (1) (\$)

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Fee from Extra Claims below	Fee Paid
Total Claims	21	-20** = 1 x [ ] = 9	
Independent Claims	4	-3** = 3 x [ ] = 42	
Multiple Dependent			

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
101 70	201 35	Claims in excess of 20
100 64	202 42	Independent claims in excess of 3
104 26	204 140	Multiple dependent claim, if not paid
109 54	205 42	-- Reissue independent claims over original patent
110 18	210 9	-- Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 51.00)

\*\* = Number previously paid if greater. For Reissues see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity | Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for ex parte reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 400	216 200	Extension for reply within second month	
117 920	217 460	Extension for reply within third month	\$460.00
118 1,440	218 720	Extension for reply within fourth month	
128 1,960	228 980	Extension for reply within fifth month	
119 320	219 160	Notice of Appeal	
120 320	220 180	Filing a brief in support of an appeal	
121 280	221 140	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,280	261 640	Petition to revive - unintentional	
142 1,290	242 640	Utility issue fee (or reissue)	
143 460	243 230	Design issue fee	
144 620	244 310	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Processing fee under 37 CFR 1.17(d)	
126 180	126 180	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	
146 740	246 370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149 740	249 370	For each additional invention to be examined (37 CFR § 1.129(b))	
179 740	279 370	Request for Continued Examination (RCE)	\$370.00
169 900	169 900	Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 830.00)

Complete if applicable

Submitted By	Mary M. Krinsky	Registration No. (Attorney/Agent)	32423	Telephone	203-773-9544
Signature				Date	14 Feb. 2002

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# Mary M. Krinsky, Ph.D., J.D.

Patent Attorney

79 Trumbull Street  
New Haven, CT 06511-3708  
Telephone: (203) 773-9544  
Facsimile: (203) 773-1183  
Email: mmk@connix.com

Telecopier Information	
Name:	Examiner Vanessa L. Ford, Art Unit 1645
Telecopy Number:	703-308-4426
From:	Mary Krinsky
Date:	20 Feb 2002
Re:	09/786,648, response and RCE
Number of pages including this cover sheet	20
If you have any problems with the receipt of this facsimile, please call Dr. Krinsky at the number listed above. Thank you.	
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Thank you!

